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Louisiana Medicaid Management Information Systems (LA MMIS) User Manual for the Medicaid Eligibility Verification System (MEVS) Web Application

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS (LA MMIS) USER MANUAL FOR THE MEDICAID ELIGIBILITY VERIFICATION SYSTEM (MEVS) WEB APPLICATION

UNISYS CORPORATION

Table of Contents

1 INTRODUCTION 4
2 INSTALLATION 4
3 MAIN MENU ACCESS 4
4 MEVS INQUIRIES 7
4.1 Inquire by Card Control Number and DOB 9
4.2 Inquire by Card Control Number and SSN 11
4.3 Inquire by SSN and DOB 13
4.4 Inquire by Recip ID and DOB 15
4.5 Inquire by Recip ID and SSN 17
4.6 Inquire by Recip ID and Name 19
4.7 Inquire by Name and DOB 21
4.8 Inquire by Name and SSN 23
5 VIEW THE RESPONSE 25
5.1 Basic Response 25
5.2 Valid Response 26
5.3 Invalid Response 29

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1 INTRODUCTION

The purpose of the Medicaid Eligibility Verification System (MEVS) Web Application is to provide a way for small, low-volume providers who do not work with a switch vendor to query Medicaid Eligibility information.

The Web Application is used by selecting a way to enter inquiry, entering the inquiry, and viewing the response. There are eight different ways to enter an inquiry. Section 4, *MEVS Inquiries*, shows an example of each query screen and describes the mandatory information needed to perform the query, as well as any optional information that can be entered.

When all mandatory fields of the inquiry page have been filled, and the **Send Message** button is clicked, the message is sent to the MEVS or CSI system. When the response is received, it is parsed and displayed on the web browser. Section 5 shows an example of a basic, a valid, and an invalid response. After viewing the response, the user may click the **Return to Main Page** button to return to the main page, or click the *Return to Main Menu* hyperlink to return to the main menu and choose another option.

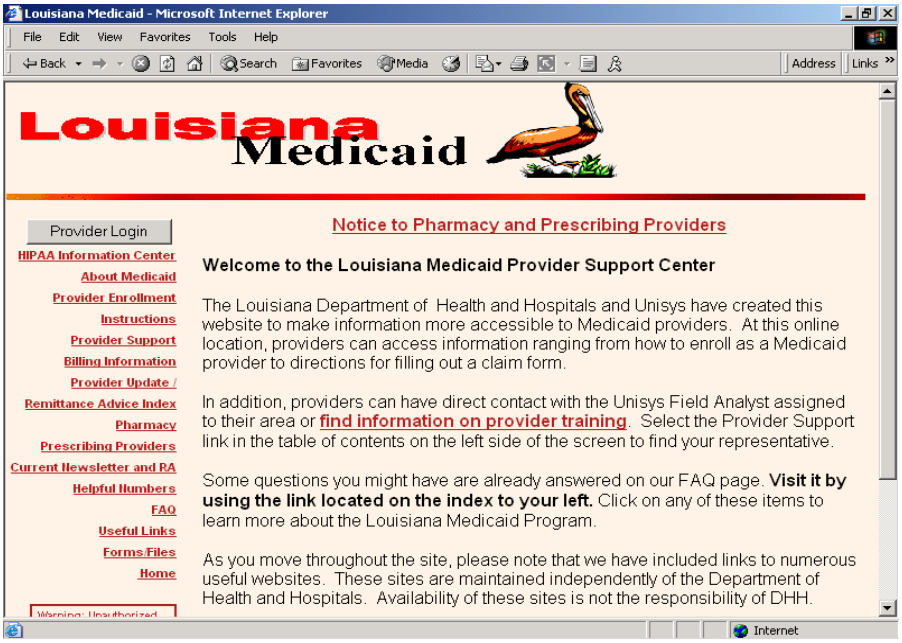
2 INSTALLATION

Instructions for installing the Web Application and Configuring the UNIX® Minicomputer, refer to Appendix A.

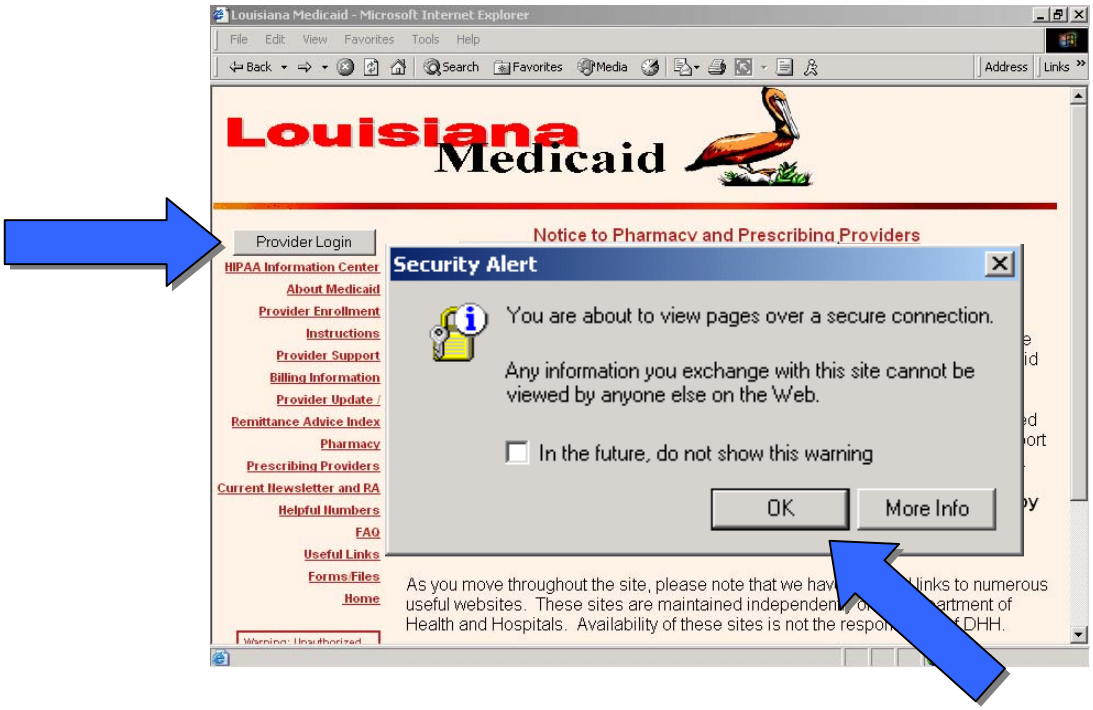
3 MAIN MENU ACCESS

The steps to access the main menu are as follows:

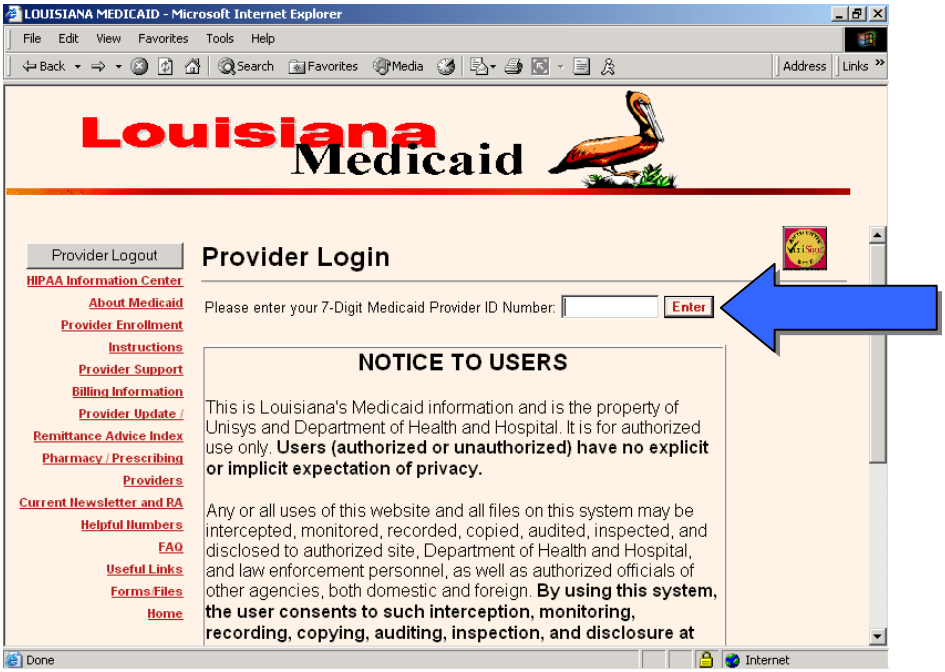
1. Open a web browser and enter the URL for the Louisiana Medicaid main menu - **http://www.lamedicaid.com**. The following screen will be displayed.


Louisiana Medicaid - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media Address Links
Louisiana Medicaid
Provider Login
HIPAA Information Center
About Medicaid
Provider Enrollment
Instructions
Provider Support
Billing Information
Provider Update /
Remittance Advice Index
Pharmacy
Prescribing Providers
Current Newsletter and RA
Helpful Numbers
FAQ
Useful Links
Forms/Files
Home
Notice to Pharmacy and Prescribing Providers
Welcome to the Louisiana Medicaid Provider Support Center
The Louisiana Department of Health and Hospitals and Unisys have created this website to make information more accessible to Medicaid providers. At this online location, providers can access information ranging from how to enroll as a Medicaid provider to directions for filling out a claim form.
In addition, providers can have direct contact with the Unisys Field Analyst assigned to their area or find information on provider training. Select the Provider Support link in the table of contents on the left side of the screen to find your representative.
Some questions you might have are already answered on our FAQ page. Visit it by using the link located on the index to your left. Click on any of these items to learn more about the Louisiana Medicaid Program.
As you move throughout the site, please note that we have included links to numerous useful websites. These sites are maintained independently of the Department of Health and Hospitals. Availability of these sites is not the responsibility of DHH.
Internet

2. Click the **Provider Login** button on the left side; the following security message will appear.



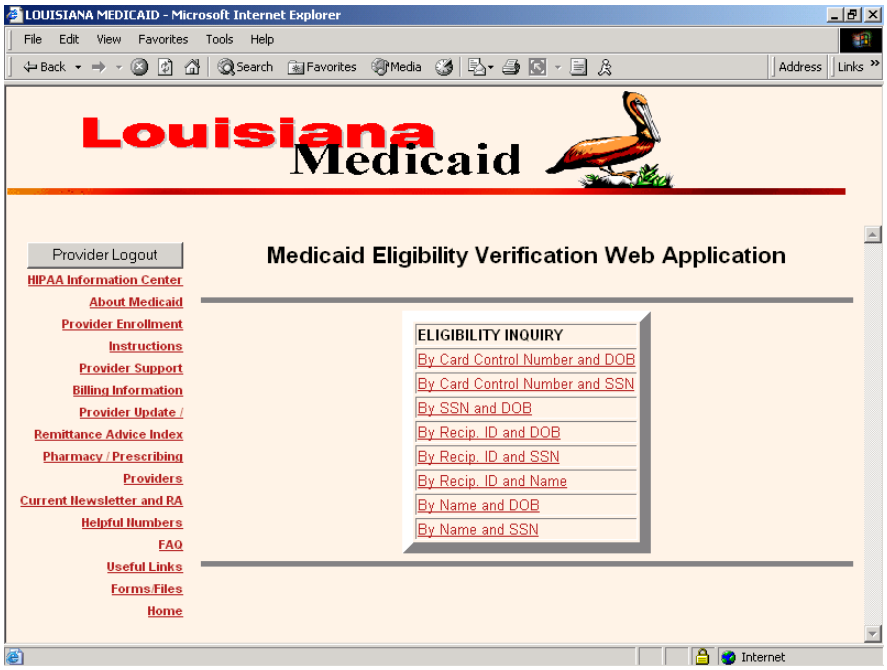
3. Click **OK**. The following screen is displayed.


LOUISIANA MEDICAID - Microsoft Internet Explorer
Louisiana Medicaid
Provider Logout
Provider Login
Please enter your 7-Digit Medicaid Provider ID Number:
Enter
NOTICE TO USERS
This is Louisiana's Medicaid information and is the property of Unisys and Department of Health and Hospital. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.
Any or all uses of this website and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Department of Health and Hospital, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at
Done
Internet

4. Enter the test Provider ID Number in the area provided and click the **Enter** button. The following screen is displayed:

5. Enter the test Login ID and password.
6. Click the **Login** button. The following screen is displayed.

7. Click the *Medicaid Eligibility Verification System* hyperlink. The following screen is displayed.



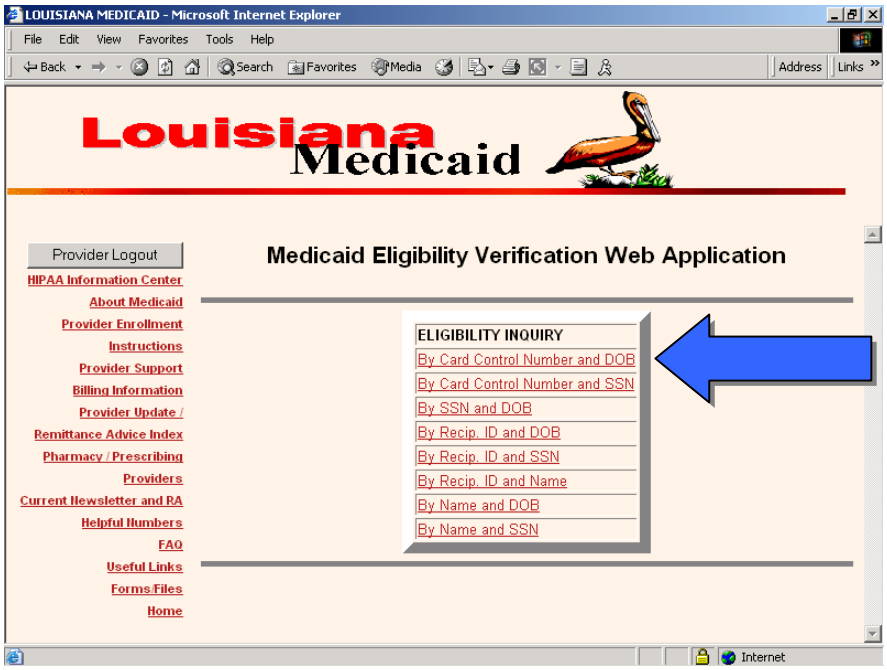
4 MEVS INQUIRIES

MEVS inquiries can be requested using eight different methods. Requests can be entered using the following criteria:

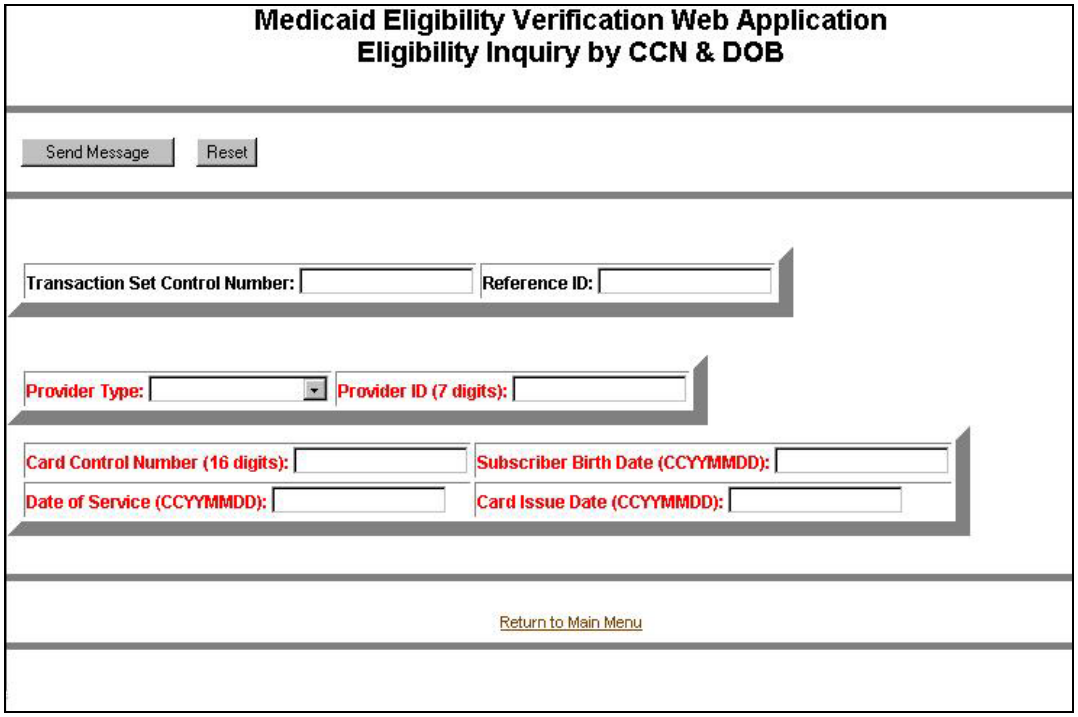
- Card Control Number and DOB
- Card Control Number and SSN
- SSN and DOB
- Recip ID and DOB
- Recip ID and SSN
- Recip ID and Name
- Name and DOB
- Name and SSN.

Each choice is an alternate method of identifying a recipient. The response to each of the different inquiries for the same recipient will be the same. The following paragraphs show example screens of each of the different inquiries.

4.1 Inquire By Card Control Number and DOB



1. Click the *By Card Control Number and DOB* hyperlink. The following screen for this inquiry is displayed.

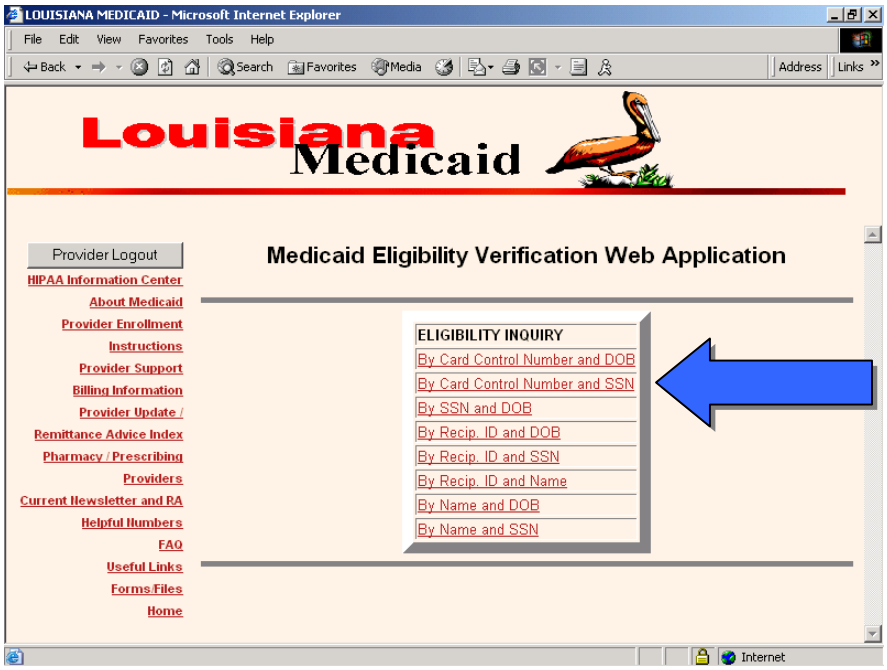


2. Enter the values for each of the fields, being sure to enter all mandatory fields. (Mandatory field titles are displayed in red.)

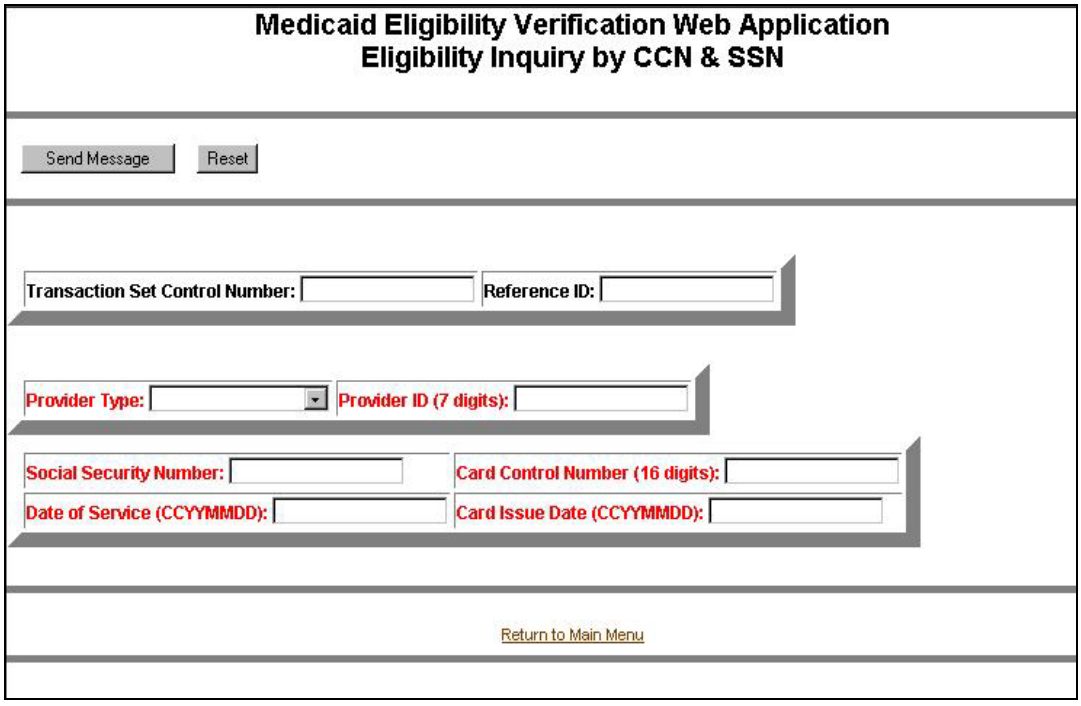
Transaction Set Control Number	Optional	This is the ST02 field of the 270 transaction created, and will be echoed back in the ST02 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Reference ID	Optional	This is the BHT03 field of the 270 transaction created, and will be echoed back in the BHT03 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Provider Type	Mandatory	Select the provider type from the pull down menu: (1) Person (2) Non-person Entity This field will default to (1) Person.
Provider ID	Mandatory	Enter the 7-digit provider ID.
Card Control Number	Mandatory	Enter the 16-digit Card Control Number.
Subscriber Birth Date	Mandatory	Enter the Subscriber's Birth Date in the format, CCYYMMDD. (For example, enter 19620417, for a birth date of April 17, 1962.)
Date of Service	Mandatory	Enter the Date of Service in the format, CCYYMMDD. (For example, enter 20030409, for a service date of April 9, 2003.)
Card Issue Date	Mandatory	Enter the Card Issue Date in the format, CCYYMMDD. (For example, enter 20030101, for a card issue date of January 1, 2003.)

3. When all fields have been entered, click the **Send Message** button. (If any mandatory fields have not been entered, an alert message will be displayed. Click **OK** on the alert window and enter the mandatory field(s).)

4.2 Inquire By Card Control Number and SSN



1. Click the *By Card Control Number and SSN* hyperlink. The following screen for this inquiry is displayed.

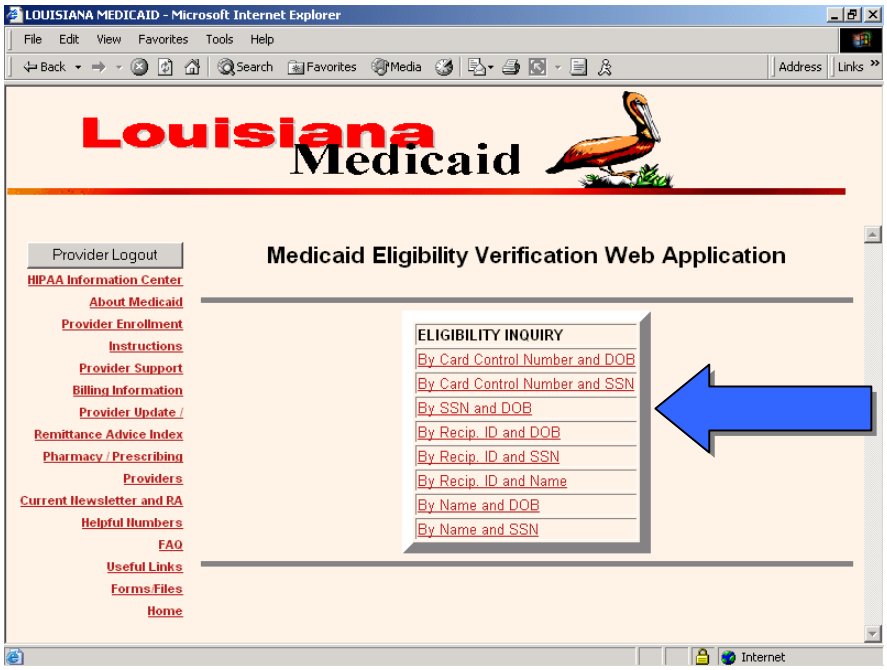


2. Enter the values for each of the fields, being sure to enter all mandatory fields. (Mandatory field titles are displayed in red.)

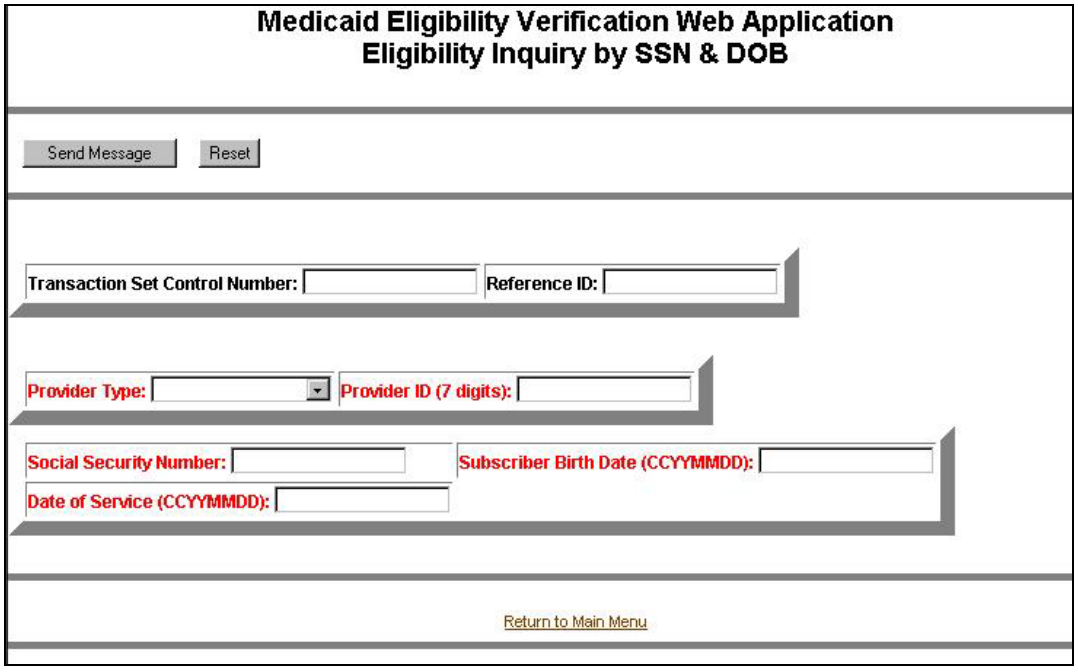
Transaction Set Control Number	Optional	This is the ST02 field of the 270 transaction created, and will be echoed back in the ST02 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Reference ID	Optional	This is the BHT03 field of the 270 transaction created, and will be echoed back in the BHT03 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Provider Type	Mandatory	Select the provider type from the pull down menu: (1) Person (2) Non-person Entity This field will default to (1) Person.
Provider ID	Mandatory	Enter the 7-digit provider ID.
Social Security Number	Mandatory	Enter the 9-digit social security number in the format, NNNNNNNNN. **Do not enter dashes (-); enter only numbers.**
Card Control Number	Mandatory	Enter the 16-digit Card Control Number.
Date of Service	Mandatory	Enter the Date of Service in the format, CCYYMMDD. (For example, enter 20030409, for a service date of April 9, 2003.)
Card Issue Date	Mandatory	Enter the Card Issue Date in the format, CCYYMMDD. (For example, enter 20030101, for a card issue date of January 1, 2003.)

3. When all fields have been entered, click the **Send Message** button. (If any mandatory fields have not been entered, an alert message will be displayed. Click **OK** on the alert window and enter the mandatory field(s).)

4.3 Inquire By SSN and DOB



1. Click the *By SSN and DOB* hyperlink. The following screen for this inquiry is displayed.

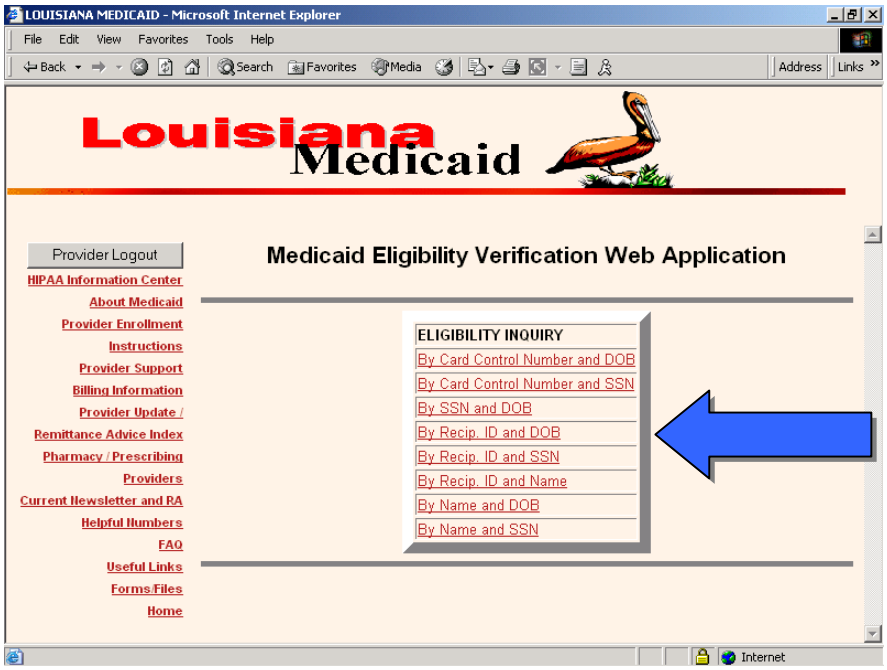


2. Enter the values for each of the fields, being sure to enter all mandatory fields. (Mandatory field titles are displayed in red.)

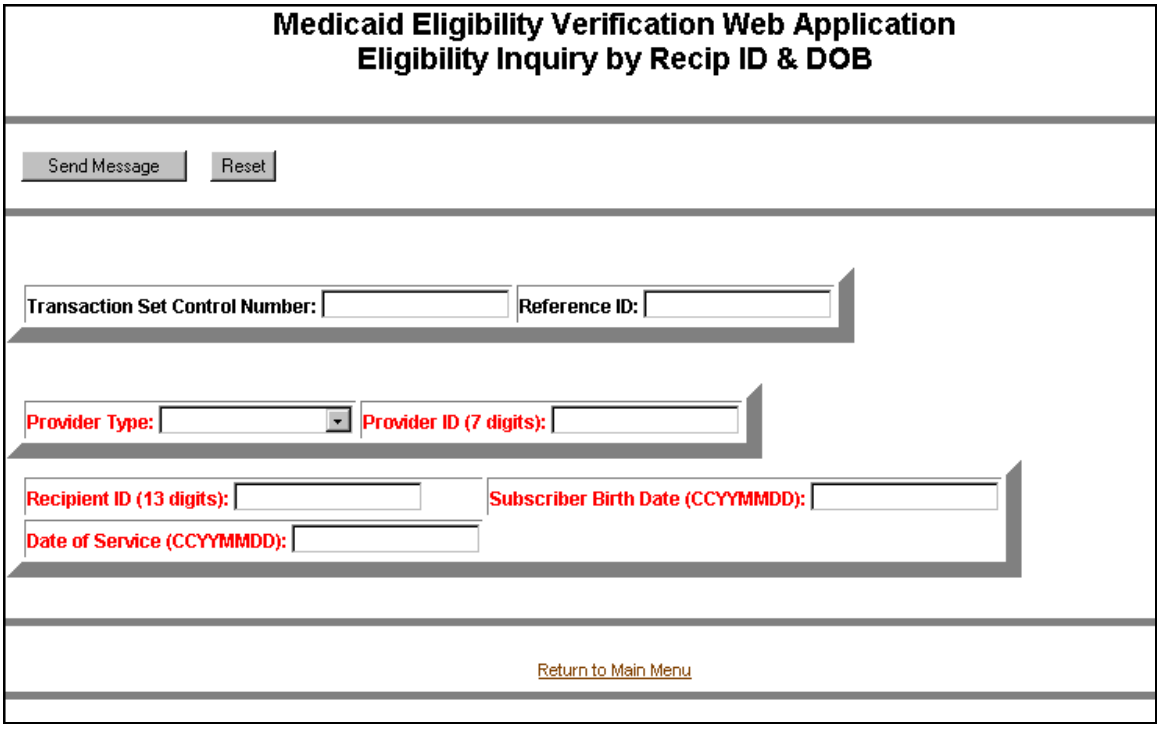
Transaction Set Control Number	Optional	This is the ST02 field of the 270 transaction created, and will be echoed back in the ST02 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Reference ID	Optional	This is the BHT03 field of the 270 transaction created, and will be echoed back in the BHT03 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Provider Type	Mandatory	Select the provider type from the pull down menu: (1) Person (2) Non-person Entity This field will default to (1) Person.
Provider ID	Mandatory	Enter the 7-digit provider ID.
Social Security Number	Mandatory	Enter the 9-digit social security number in the format, NNNNNNNNN. **Do not enter dashes (-); enter only numbers.**
Subscriber Birth Date	Mandatory	Enter the Subscriber's Birth Date in the format, CCYYMMDD. (For example, enter 19620417, for a birth date of April 17, 1962.)
Date of Service	Mandatory	Enter the Date of Service in the format, CCYYMMDD. (For example, enter 20030409, for a service date of April 9, 2003.)

3. When all fields have been entered, click the **Send Message** button. (If any mandatory fields have not been entered, an alert message will be displayed. Click **OK** on the alert window and enter the mandatory field(s).)

4.4 Inquire By Recip ID and DOB



1. Click the *By Recip ID and DOB* hyperlink. The following screen for this inquiry is displayed.

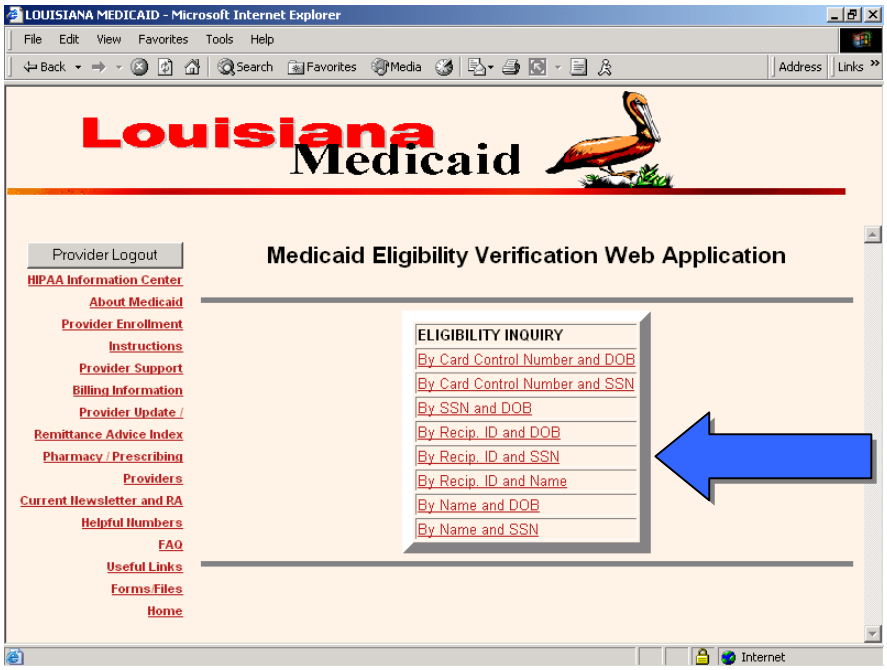


2. Enter the values for each of the fields, being sure to enter all mandatory fields. (Mandatory field titles are displayed in red.)

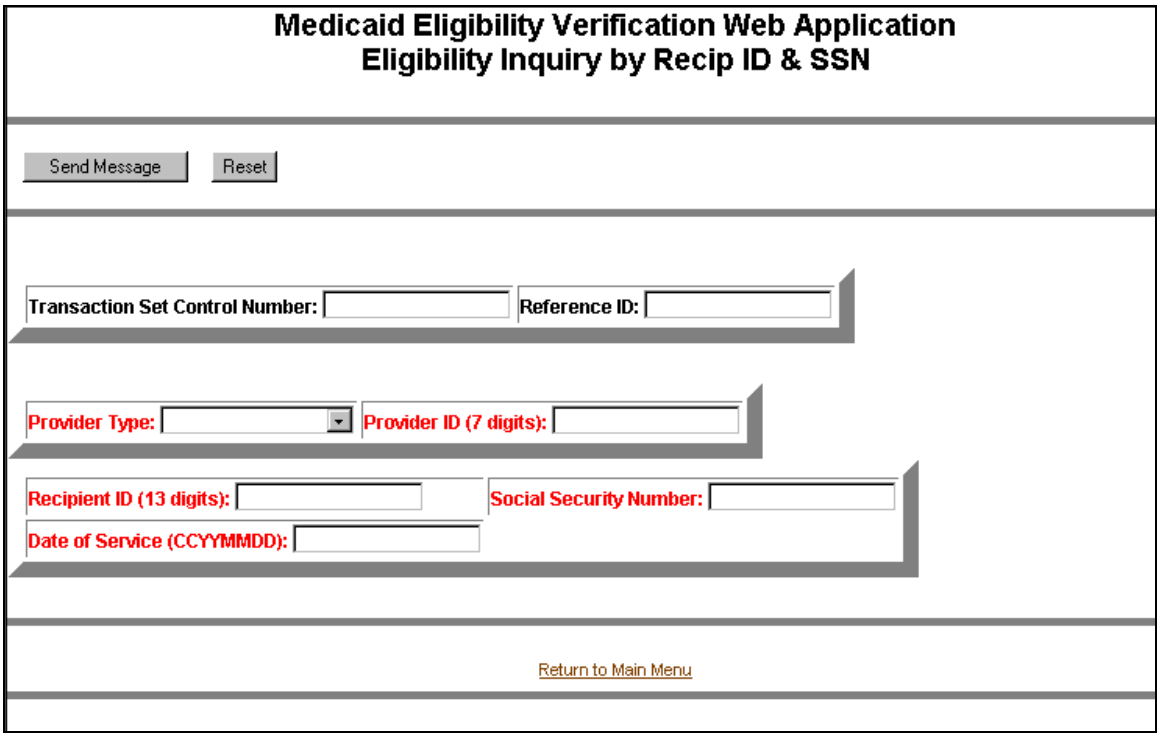
Transaction Set Control Number	Optional	This is the ST02 field of the 270 transaction created, and will be echoed back in the ST02 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Reference ID	Optional	This is the BHT03 field of the 270 transaction created, and will be echoed back in the BHT03 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Provider Type	Mandatory	Select the provider type from the pull down menu: (1) Person (2) Non-person Entity This field will default to (1) Person.
Provider ID	Mandatory	Enter the 7-digit provider ID.
Recipient ID	Mandatory	Enter the 13-digit recipient ID.
Subscriber Birth Date	Mandatory	Enter the Subscriber's Birth Date in the format, CCYYMMDD. (For example, enter 19620417, for a birth date of April 17, 1962.)
Date of Service	Mandatory	Enter the Date of Service in the format, CCYYMMDD. (For example, enter 20030409, for a service date of April 9, 2003.)

3. When all fields have been entered, click the **Send Message** button. (If any mandatory fields have not been entered, an alert message will be displayed. Click **OK** on the alert window and enter the mandatory field(s).)

4.5 Inquire By Recip ID and SSN



1. Click the *By Recipi ID and SSN* hyperlink. The following screen for this inquiry is displayed.

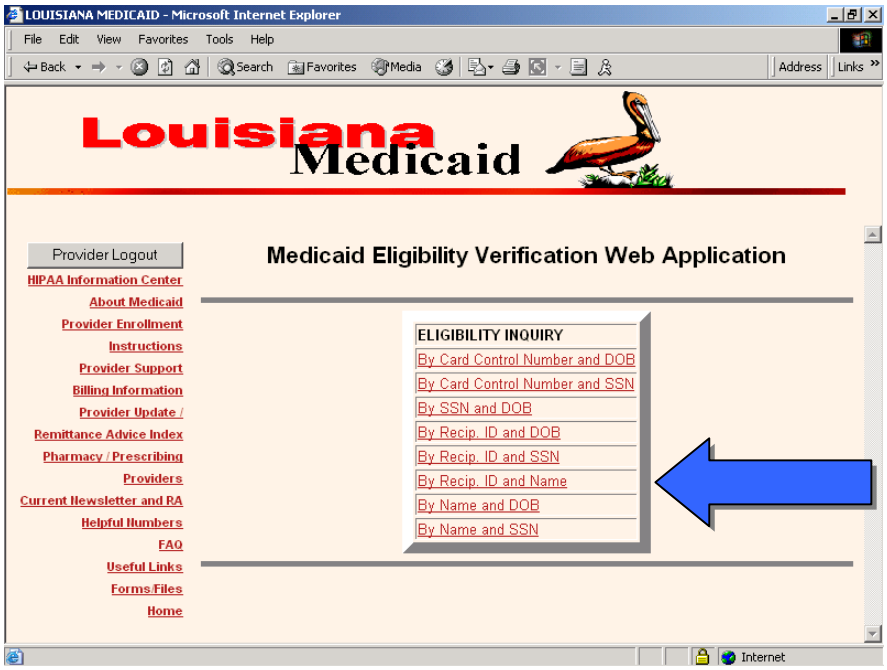


2. Enter the values for each of the fields, being sure to enter all mandatory fields. (Mandatory field titles are displayed in red.)

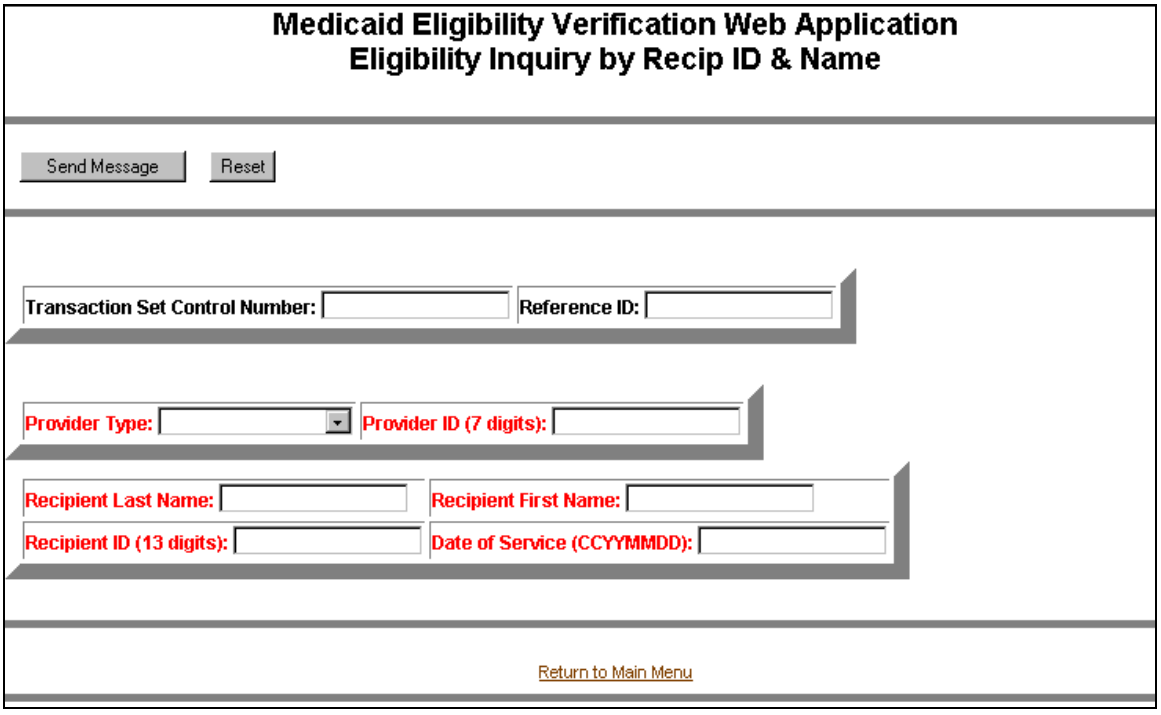
Transaction Set Control Number	Optional	This is the ST02 field of the 270 transaction created, and will be echoed back in the ST02 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Reference ID	Optional	This is the BHT03 field of the 270 transaction created, and will be echoed back in the BHT03 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Provider Type	Mandatory	Select the provider type from the pull down menu: (1) Person (2) Non-person Entity This field will default to (1) Person.
Provider ID	Mandatory	Enter the 7-digit provider ID.
Recipient ID	Mandatory	Enter the 13-digit recipient ID.
Social Security Number	Mandatory	Enter the 9-digit social security number in the format, NNNNNNNNN. **Do not enter dashes (-); enter only numbers.**
Date of Service	Mandatory	Enter the Date of Service in the format, CCYYMMDD. (For example, enter 20030409, for a service date of April 9, 2003.)

3. When all fields have been entered, click the **Send Message** button. (If any mandatory fields have not been entered, an alert message will be displayed. Click **OK** on the alert window and enter the mandatory field(s).)

4.6 Inquire By Recip ID and Name



1. Select the *By Recip ID and Name* hyperlink. The following screen for this inquiry is displayed.

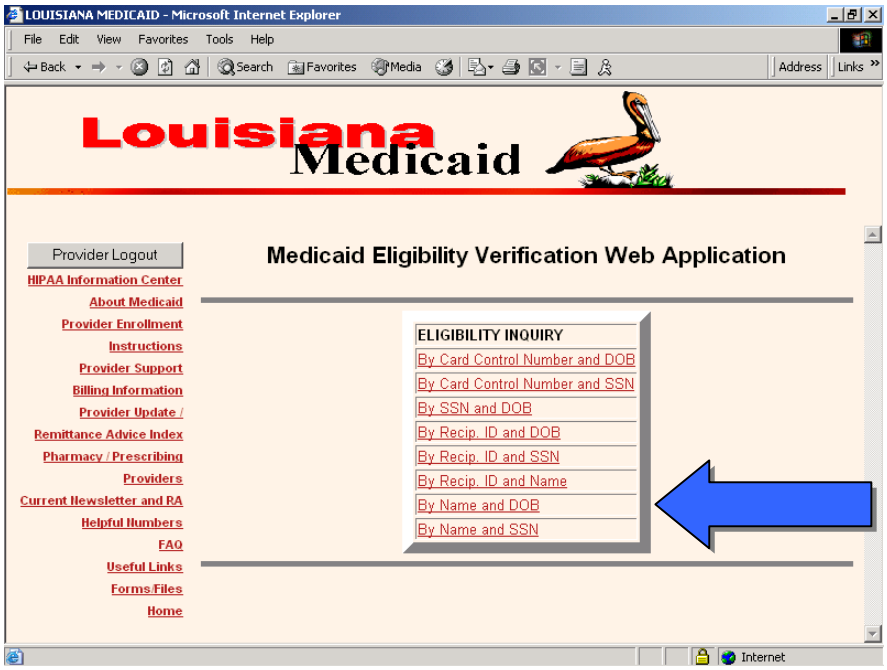


2. Enter the values for each of the fields, being sure to enter all mandatory fields. (Mandatory field titles are displayed in red.)

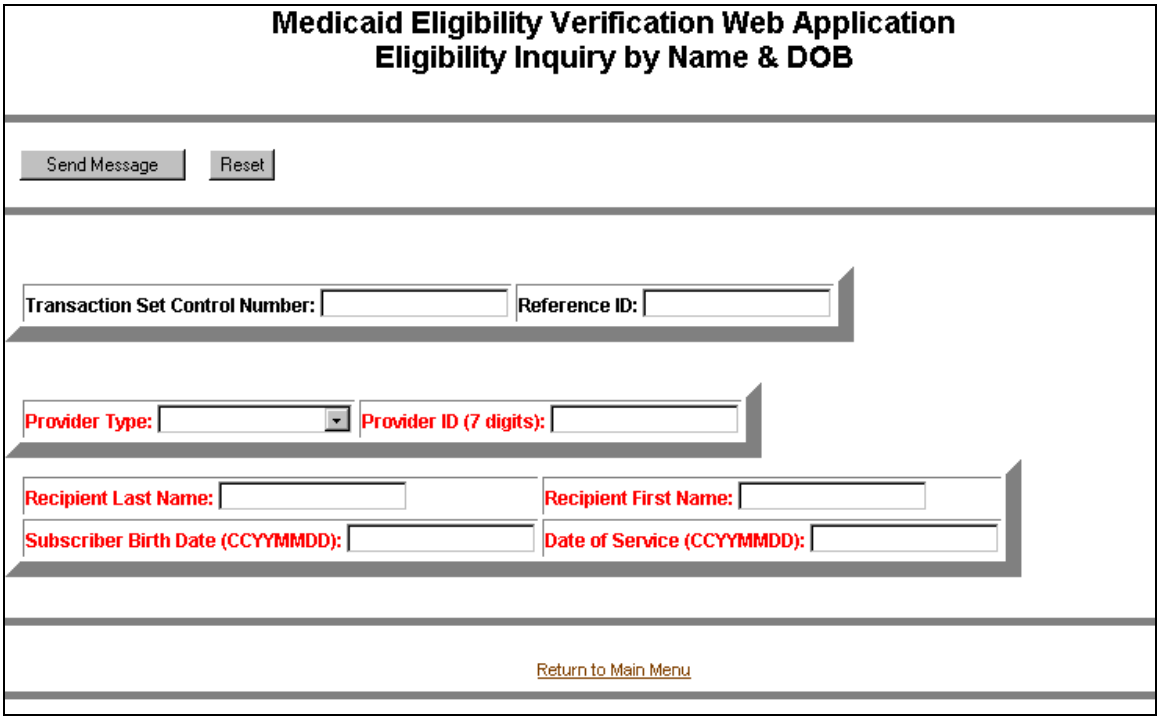
Transaction Set Control Number	Optional	This is the ST02 field of the 270 transaction created, and will be echoed back in the ST02 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Reference ID	Optional	This is the BHT03 field of the 270 transaction created, and will be echoed back in the BHT03 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Provider Type	Mandatory	Select the provider type from the pull down menu: (1) Person (2) Non-person Entity This field will default to (1) Person.
Provider ID	Mandatory	Enter the 7-digit provider ID.
Recipient Last Name	Mandatory	Enter the Recipient's Last Name up to 35 letters.
Recipient First Name	Mandatory	Enter the Recipient's First Name up to 25 letters.
Recipient ID	Mandatory	Enter the 13-digit Recipient ID number.
Date of Service	Mandatory	Enter the Date of Service in the format, CCYYMMDD. (For example, enter 20030409, for a service date of April 9, 2003.)

3. When all fields have been entered, click the **Send Message** button. (If any mandatory fields have not been entered, an alert message will be displayed. Click **OK** on the alert window and enter the mandatory field(s).)

4.7 Inquire By Name and DOB



1. Select the *By Name and DOB* hyperlink. The following screen for this inquiry is displayed.

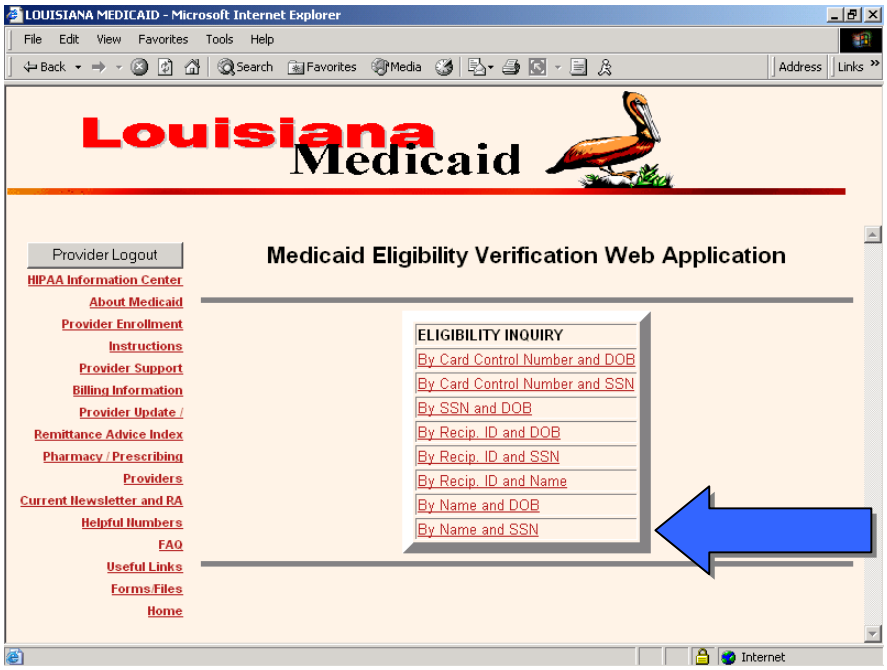


2. Enter the values for each of the fields, being sure to enter all mandatory fields. (Mandatory field titles are displayed in red.)

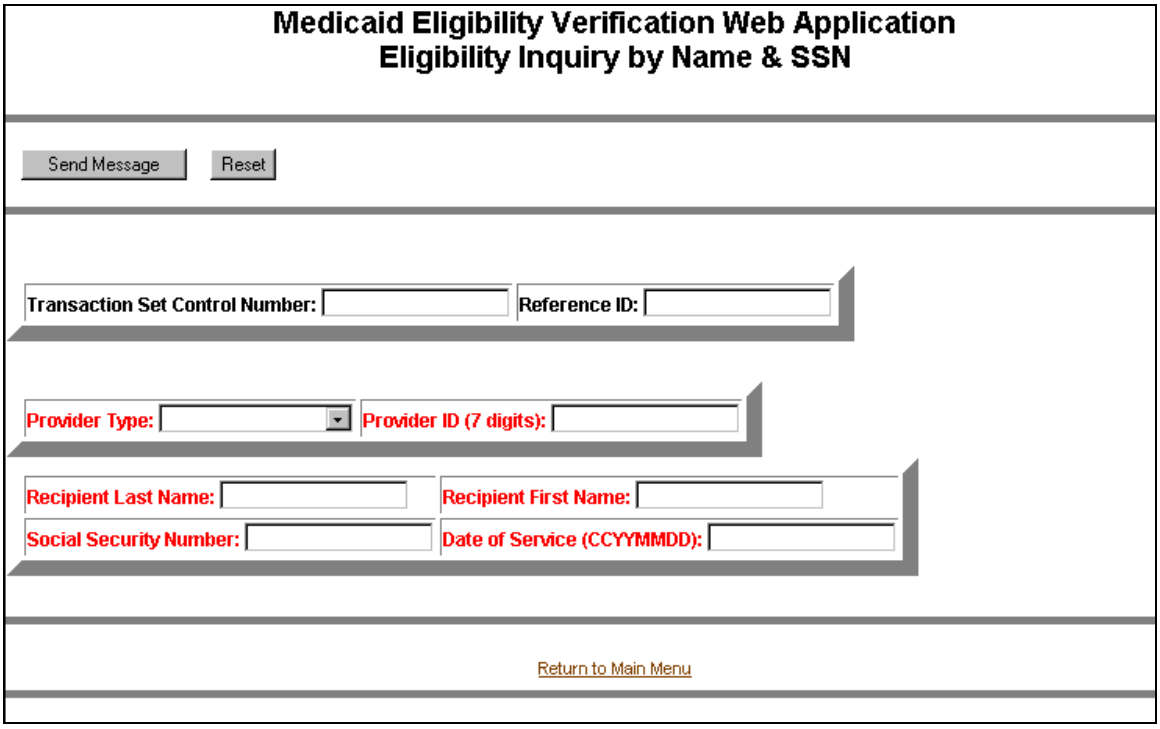
Transaction Set Control Number	Optional	This is the ST02 field of the 270 transaction created, and will be echoed back in the ST02 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Reference ID	Optional	This is the BHT03 field of the 270 transaction created, and will be echoed back in the BHT03 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Provider Type	Mandatory	Select the provider type from the pull down menu: (1) Person (2) Non-person Entity This field will default to (1) Person.
Provider ID	Mandatory	Enter the 7-digit provider ID.
Recipient Last Name	Mandatory	Enter the Recipient's Last Name up to 35 letters.
Recipient First Name	Mandatory	Enter the Recipient's First Name up to 25 letters.
Subscriber Birth Date	Mandatory	Enter the Subscriber's Birth Date in the format, CCYYMMDD. (For example, enter 19620417, for a birth date of April 17, 1962.)
Date of Service	Mandatory	Enter the Date of Service in the format, CCYYMMDD. (For example, enter 20030409, for a service date of April 9, 2003.)

3. When all fields have been entered, click the **Send Message** button. (If any mandatory fields have not been entered, an alert message will be displayed. Click **OK** on the alert window and enter the mandatory field(s).)

4.8 Inquire By Name and SSN



1. Select the *By Name and SSN* hyperlink. The following screen for this inquiry is displayed.



2. Enter the values for each of the fields, being sure to enter all mandatory fields. (Mandatory field titles are displayed in red.)

Transaction Set Control Number	Optional	This is the ST02 field of the 270 transaction created, and will be echoed back in the ST02 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Reference ID	Optional	This is the BHT03 field of the 270 transaction created, and will be echoed back in the BHT03 field of the 271 response message. Use this as a tracking number to correlate inquiry to response.
Provider Type	Mandatory	Select the provider type from the pull down menu: (1) Person (2) Non-person Entity This field will default to (1) Person.
Provider ID	Mandatory	Enter the 7-digit provider ID.
Recipient Last Name	Mandatory	Enter the Recipient's Last Name up to 35 letters.
Recipient First Name	Mandatory	Enter the Recipient's First Name up to 25 letters.
Social Security Number	Mandatory	Enter the 9-digit social security number in the format, NNNNNNNNN. **Do not enter dashes (-); enter only numbers.**
Date of Service	Mandatory	Enter the Date of Service in the format, CCYYMMDD. (For example, enter 20030409, for a service date of April 9, 2003.)

3. When all fields have been entered, click the **Send Message** button. (If any mandatory fields have not been entered, an alert message will be displayed. Click **OK** on the alert window and enter the mandatory field(s).)

5 VIEW THE RESPONSE

When all mandatory fields of the inquiry page have been filled, and the **Send Message** button is clicked, the message is sent to the MEVS system. When the response is received, it is parsed and displayed on the web browser.

Responses can be valid responses, (where the input message was correct and matches were found for provider and recipient in the database, and recipient is eligible) or they can be invalid responses (where input message had errors, provider and/or recipient were not found in database, or recipient is just not eligible).

The following paragraphs provide an example of each of the responses.

5.1 Basic Response

The following is an example of a basic response to a MEVS inquiry. The title, *Medicaid Eligibility Verification Web Application Response* is displayed at the top of the page. Below it is a table of the following values: Field ID, Field Title and Value.

The Field ID is the X12 field identification of the field being displayed. (Not all fields in the X12 response are displayed. Only the fields that will display information about the recipient's eligibility, or fields that help explain subsequent fields, are displayed.)

The Field Title is the X12 title of that field.

The Value is either the actual value of the field, or an enumerated value of an identifier data element. For example, the actual value of the ST02 field, below is 54321. The actual value of the HL03 field is 20, but, because it is an X12 identifier data element, its values are documented in the X12 data element dictionary. So, the web application can display what the code 20 means, which is "Information Source".

If Transaction Set Control Number and/or Reference ID were entered in the inquiry, the same numbers will be echoed back in the response. (See the values, 54321 for Transaction Set Control Number and 11234 for reference id, below.)

Medicaid Eligibility Verification Web Application Response

Field ID	Field Title	Value
(ST02)	**Transaction Set Control Number:**	54321
(BHT03)	**Reference ID:**	11234
(HL03)	**Hierarchical Level Code:**	Information Source

To tell whether the response is a valid response or an invalid response, look for either a set of AAA fields, or a set of EB fields. If any AAA fields are displayed, then the response is invalid. If any EB fields are displayed, then the response is valid.

5.2 Valid Response

The following is an example of a valid response. (ACTUAL DATA – MAY NEED TO BE SANITIZED!) The EB fields (EB01, EB02, etc) contain the eligibility information. The fields before the first EB field verify the payer, provider and recipient information that was entered. The EB fields, and the REF, PER, HSD, etc. fields that follow the EB fields explain the eligibility more fully.

Medicaid Eligibility Verification Web Application Response

Field ID	Field Title	Value
(ST02)	**Transaction Set Control Number:**	54321
(BHT03)	**Reference ID:**	11234
(HL03)	**Hierarchical Level Code:**	Information Source
(NM101)	**Entity ID Code:**	Payer
(NM103)	**Last Name/Org. Name:**	UNISYS LAMMIS
(NM108)	**ID Code Qualifier:**	Payor ID
(NM109)	**ID Code:**	610551
(HL03)	**Hierarchical Level Code:**	Information Receiver
(NM101)	**Entity ID Code:**	Provider
(NM103)	**Last Name/Org. Name:**	MMIS TEST MD
(NM108)	**ID Code Qualifier:**	Service Provider Number
(NM109)	**ID Code:**	1111112
(REF01)	**Reference ID Qualifier:**	Contact Number
(REF02)	**Reference ID:**	8006480790
(HL03)	**Hierarchical Level Code:**	Subscriber
(NM101)	**Entity ID Code:**	Insured or Subscriber
(NM103)	**Last Name/Org. Name:**	SIMONS
(NM104)	**First Name:**	TAMMY
(NM105)	**Middle Name:**	C
(NM108)	**ID Code Qualifier:**	Member ID Number
(NM109)	**ID Code:**	5304008500701

(DMG02)	**Birthdate:**	19691020
(DMG03)	**Dependent Gender Code:**	Female
(DTP01)	**Date/Time Qualifier:**	Service
(DTP03)	**Date:**	20021115
(EB01)	**Eligibility or Benefit Information:**	Benefit Description
(EB02)	**Coverage Level Code:**	Individual
(EB03)	**Service Type Code:**	Health Benefit Plan Coverage
(EB04)	**Insurance Type Code:**	Medicaid
(EB05)	**Plan Coverage Description:**	01ELIGIBLE FOR MEDICAID
(EB01)	**Eligibility or Benefit Information:**	Benefit Description
(EB02)	**Coverage Level Code:**	Individual
(EB03)	**Service Type Code:**	Health Benefit Plan Coverage
(EB04)	**Insurance Type Code:**	Medicaid
(EB05)	**Plan Coverage Description:**	12PREFERRED LANGUAGE: ENGLISH
(EB01)	**Eligibility or Benefit Information:**	Services Restricted to Following Provider
(EB02)	**Coverage Level Code:**	Individual
(EB03)	**Service Type Code:**	Professional (Physician)
(EB04)	**Insurance Type Code:**	Other
(NM101)	**Entity ID Code:**	Provider
(NM103)	**Last Name/Org. Name:**	MURPHY
(NM104)	**First Name:**	RACHAEL
(NM105)	**Middle Name:**	M
(NM107)	**Name Suffix:**	MD
(PER01)	**Contact Function Code:**	Information Contact
(PER03)	**Communication Number Qualifier:**	Telephone
(PER04)	**Communication Number:**	9858097400
(EB01)	**Eligibility or Benefit Information:**	Services Restricted to Following Provider
(EB02)	**Coverage Level Code:**	Individual
(EB03)	**Service Type Code:**	Professional (Physician)
(EB04)	**Insurance Type Code:**	Other
(NM101)	**Entity ID Code:**	Provider
(NM103)	**Last Name/Org. Name:**	DICARLO

(NM104)	**First Name:**	RICHARD
(NM105)	**Middle Name:**	P
(NM107)	**Name Suffix:**	MD
(PER01)	**Contact Function Code:**	Information Contact
(PER03)	**Communication Number Qualifier:**	Telephone
(PER04)	**Communication Number:**	5045685900
(EB01)	**Eligibility or Benefit Information:**	Services Restricted to Following Provider
(EB02)	**Coverage Level Code:**	Individual
(EB03)	**Service Type Code:**	Professional (Physician)
(EB04)	**Insurance Type Code:**	Other
(NM101)	**Entity ID Code:**	Provider
(NM103)	**Last Name/Org. Name:**	BERRY-III
(NM104)	**First Name:**	CHARLES
(NM105)	**Middle Name:**	M
(NM107)	**Name Suffix:**	MD
(PER01)	**Contact Function Code:**	Information Contact
(PER03)	**Communication Number Qualifier:**	Telephone
(PER04)	**Communication Number:**	5048337773
(EB01)	**Eligibility or Benefit Information:**	Services Restricted to Following Provider
(EB02)	**Coverage Level Code:**	Individual
(EB03)	**Service Type Code:**	Pharmacy
(EB04)	**Insurance Type Code:**	Other
(NM101)	**Entity ID Code:**	Provider
(NM103)	**Last Name/Org. Name:**	THE MEDICINESHOPPE PHARMACY
(PER01)	**Contact Function Code:**	Information Contact
(PER03)	**Communication Number Qualifier:**	Telephone
(PER04)	**Communication Number:**	9858923211
(EB01)	**Eligibility or Benefit Information:**	Benefit Description
(EB02)	**Coverage Level Code:**	Individual
(EB03)	**Service Type Code:**	Professional Visit - Office
(EB04)	**Insurance Type Code:**	Point of Service (POS)
(HSD01)	**Quantity Qualifier:**	Units

(HSD02) **Benefit Quantity:** 0000

Return to Main Page

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5.3 Invalid Response

An invalid response could be caused by incorrect data being entered, or, even if the data is entered correctly, the recipient may not be eligible. The following is an example of an invalid response.

(ACTUAL DATA – MAY NEED TO BE SANITIZED!)

The AAA fields explain why the inquiry was invalid.

AAA01 is the valid request indicator. If the error was in the request, this value will be "No." If the request was valid; however, the transaction was rejected, this value will be "Yes."

AAA03 is the Reject Reason Code. If an X12 syntax error occurred, this value will be "Unable to Respond at Current Time."

AAA04 is the Follow-up Action Code. This value will inform the user whether to correct the request and resubmit it.

Medicaid Eligibility Verification Web Application
Response

Field ID	Field Title	Value

(ST02)	**Transaction Set Control Number:**	54321
(BHT03)	**Reference ID:**	11234
(HL03)	**Hierarchical Level Code:**	Information Source
(NM101)	**Entity ID Code:**	Payer
(NM103)	**Last Name/Org. Name:**	UNISYS LAMMIS
(NM108)	**ID Code Qualifier:**	Payor ID
(NM109)	**ID Code:**	610551
(HL03)	**Hierarchical Level Code:**	Information Receiver
(NM101)	**Entity ID Code:**	Provider
(NM108)	**ID Code Qualifier:**	Service Provider Number
(NM109)	**ID Code:**	1111112
(HL03)	**Hierarchical Level Code:**	Subscriber
(NM101)	**Entity ID Code:**	Insured or Subscriber
(NM108)	**ID Code Qualifier:**	Member ID Number
(NM109)	**ID Code:**	5304008500701
(AAA01)	**Valid Request Indicator:**	Yes
(AAA03)	**Reject Reason Code:**	Patient Not Found
(AAA04)	**Follow-up Action Code:**	Please Correct and Resubmit
(DMG02)	**Birth Date:**	19691021
(DTP01)	**Date/Time Qualifier:**	Service
(DTP03)	**Date:**	20021115

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